

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
VERIFICATION OF OUT-OF-STATE LICENSURE**

APPLICANT: This form may be copied. Complete the information in Part 1. Send a copy of this form to the licensure agency in each state in which you are currently licensed or have ever been licensed. This includes states in which you have held a license designated is "Permanent," "Active," "Provisional," "Temporary," "Inactive," and/or "Assistant" or "Aide." The state licensure agency will complete Part 2 and return it directly to the Department.

PLEASE TYPE OR PRINT LEGIBLY

PART 1 - APPLICANT

Name _____
Last First MI Other last name used

Name Which Appeared on License _____

Date of Birth ____/____/____ Social Security Number _____

State in Which License Issued _____ License Number _____

License Title _____ Issue Date ____/____/____ Expiration Date ____/____/____

Applicant's Signature Date

PART 2 - LICENSURE AGENCY

The above-named individual has made application for licensure in Kansas as a Speech-Language Pathologist or Audiologist. Before any further consideration is taken with this application, we need the information requested on this form. Please complete Part 2 and return it to the address provided on the back of the form.

Applicant Name to Which License Was Issued _____

Do your records verify the information provided in Part 1? _____yes _____no

If no, please explain _____

Was your state the state of original licensure? _____yes _____no

If no, according to your records, which state was the state of original licensure? _____

Is the license presently current and valid? _____yes _____no

The license was obtained by:

____ Examination ____ ASHA CCC ____ Grandfathering ____ Endorsement of License Issued by _____
(State)

Did the applicant meet the following requirements in obtaining the license?

____yes ____no At least a master's degree in Speech-Language Pathology or Audiology

____yes ____no A clinical practicum of at least 375 hours, of which at least 250 were obtained at graduate level

____yes ____no A supervised postgraduate professional experience of the equivalent of at least nine months of full-time employment (also known as Clinical Fellowship Year)

____yes ____no A passing score of at least 600 on the NTE Specialty Area Test in Speech-Language Pathology or Audiology of the Educational Testing Service

Is the applicant in good standing with your agency at this time? _____yes _____no

If no, please explain _____

(Over)

According to your records, has the applicant ever been disciplined by your agency or any other state licensure agency?_____yes _____no

If yes, date of disciplinary action_____ City, County, State_____

Conduct/Finding determined to be basis for action_____

Disciplinary Agency/Authority_____

Resolution of disciplinary action_____

Date of resolution_____

NOTE: PLEASE SEND A COPY OF THE RECORD OF ANY DISCIPLINARY ACTION LISTED ABOVE

Additional Comments_____

(Place state or board
Seal here)

Name

Title

Agency

Address

Telephone

Signature

Please return completed form to:

HEALTH OCCUPATIONS CREDENTIALING
CURTIS STATE OFFICE BUILDING
1000 SW JACKSON, SUITE 200
TOPEKA KS 66612-1365